

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/20/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G255	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 10/06/2022
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 154 CHAD DR VERSAILLES, IN 47042
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E 0000  Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 10/06/22</p> <p>Facility Number: 000775 Provider Number: 15G2553 AIM Number: 100248960</p> <p>At this Emergency Preparedness survey, Res Care Community Alternatives SE IN was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475.</p> <p>The facility has 8 certified beds. All 8 beds are certified for Medicaid. At the time of the survey, the census was 8.</p> <p>Quality Review completed on 10/07/22</p>	E 0000		
K 0000  Bldg. 02	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 10/06/22</p> <p>Facility Number: 000775 Provider Number: 15G2553 AIM Number: 100248960</p> <p>At this Life Safety Code survey, Res Care</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K S345 Bldg. 02	<p>Community Alternatives SE IN was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This one story building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, bedrooms and all living areas. The attic was not used for living purposes, storage or fuel-fired equipment and was provided with a heat detection system to activate the fire alarm system. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.0.</p> <p>Quality Review completed on 10/07/22</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance 2012 EXISTING (Prompt) A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on record review and interview, the facility</p>	K S345	<b>K0345:</b> Testing and Maintenance	10/17/2022

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	<p>failed to ensure 1 of 1 manual fire alarm systems was maintained in accordance with Section 9.6. Section 9.6.1.3 states a fire alarm system shall be installed, tested and maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, 2010 Edition, Section 14.4.5 states testing shall be performed in accordance with the schedules in Table 14.4.5. Table 14.4.5 states all initiating devices shall be functional tested annually. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the fire alarm system inspection contractor's "Systems Service" documentation dated 03/17/22 with the Qualified Intellectual Developmental Professional-Designee (QIDP-D) during record review from 12:05 p.m. to 1:25 p.m. on 10/06/22, documentation of an itemized list of the location and results of functional testing all fire alarm system initiating devices in the facility within the most recent twelve month period was not available for review. The fire alarm inspection report did not itemize the location of each device tested and the results of the test. Additional fire alarm system inspection and testing documentation within the most recent twelve month period was not available for review. Based on interview at the time of record review, QIDP-D agreed documentation of an itemized listing of the location and results of functional testing for all fire alarm system initiating devices in the facility within the most recent twelve month period was not available for review.</p> <p>This finding was reviewed with the QIDP-D during the exit conference.</p>		<p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Program Manager contacted Koorsen to have documents of system inspections sent to Rescare to have them placed in the facility.</li> <li>Program Manager received documentation testing that was completed on 3/17/22 that included an itemized list of functional testing and noting pass or fail on each device tested.</li> </ul> <p><b>(Attachment A)</b></p> <ul style="list-style-type: none"> <li>Program Manager will follow up with Koorsen to ensure all documents are received as completed and all inspections are completed as scheduled.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Rescare Administration will complete monthly Site Reviews and send to the Program Director and Executive Director for monitoring of completion.</li> <li>Program Director will follow up on issues noted on the Site review and submit to the Program Manager for follow up on the issues.</li> </ul> <p><b>Completion Date: 10/17/22</b></p>		

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K S511  Bldg. 02	<p><b>NFPA 101</b> Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NPFA 70, National Electric Code. 32.2.5.1, 33.2.5.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure electrical receptacles in 1 of 1 kitchens were properly wired and grounded in accordance with NFPA 70. LSC 33.2.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition at 406.4 General Installation Requirements states receptacle outlets shall be located in branch circuits in accordance with Part III of Article 210. General installation requirements shall be in accordance with 406.4(A) through (F). (A) Grounding Type. Receptacles installed on 15- and 20-ampere branch circuits shall be of the grounding type. Grounding-type receptacles shall be installed only on circuits of the voltage class and current for which they are rated, except as provided in Table 210.21(B)(2) and Table 210.21(B)(3). Exception: Nongrounding-type receptacles installed in accordance with 406.4(D). (B) To Be Grounded. Receptacles and cord connectors that have equipment grounding conductor contacts shall have those contacts connected to an equipment grounding conductor. Exception No. 1: Receptacles mounted on portable and vehicle-mounted generators in accordance with 250.34. Exception No. 2: Replacement receptacles as permitted by 406.4(D).</p>	K S511	<p><b>K0511:</b> Utilities- Gas and Electric</p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Program Director completed work order for maintenance to repair the electrical outlet to the left of the stove in kitchen. <b>(Attachment D)</b></li> <li>Program Director submits all work orders and monitors for completion.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>All work order are tracked in the Service Now portal to ensure timely completion.</li> <li>Program Director monitors the Service Now system to monitor all work orders and to ensure completion.</li> </ul> <p><b>Completion Date: 10/17/22</b></p>	10/17/2022
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K S741 Bldg. 02	<p>(C) Methods of Grounding. The equipment grounding conductor contacts of receptacles and cord connectors shall be grounded by connection to the equipment grounding conductor of the circuit supplying the receptacle or cord connector. The branch-circuit wiring method shall include or provide an equipment grounding conductor to which the equipment grounding conductor contacts of the receptacle or cord connector are connected.</p> <p>Informational Note No. 1: See 250.118 for acceptable grounding means.</p> <p>Informational Note No. 2: For extensions of existing branch circuits, see 250.130.</p> <p>This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observations with the Qualified Intellectual Developmental Professional-Designee (QIDP-D) during a tour of the facility from 1:25 p.m. to 1:40 p.m. on 10/06/22, the wall mounted electrical receptacles in an outlet box located on the right side of the stove, when facing the stove, were found to have an "open ground" when tested with an Ideal Industries UL listed circuit tester testing device. Based on interview at the time of the observations, the QIDP-D agreed the testing device showed the aforementioned electrical receptacles needed repair.</p> <p>This finding was reviewed with the QIDP-D during the exit conference.</p> <p>NFPA 101 Smoking Regulations Smoking regulations shall be adopted by the administration of board and care</p>			

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	<p>occupancies. Where smoking is permitted, noncombustible safety type ashtrays or receptacles shall be provided in convenient locations.</p> <p>32.7.4.1, 32.7.4.2, 33.7.4.1, 33.7.4.2</p> <p>Based on record review, observation and interview; the facility failed to provide a smoking policy for a facility allowing client smoking and failed to ensure smoking materials were deposited into ashtrays and metal containers with self-closing cover devices into which ashtrays can be emptied of noncombustible material and safe design in 1 of 2 areas where smoking is permitted. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Qualified Intellectual Developmental Professional-Designee (QIDP-D) from 12:05 p.m. to 1:25 p.m. on 10/06/22, a smoking policy for the facility was not available for review. Based on interview at the time of record review, the QIDP-D stated one client, GS, smokes and agreed a facility smoking policy was not available for review. Based on observations with the QIDP-D during a tour of the facility from 1:25 p.m. to 1:40 p.m. on 10/06/22, well over 50 cigarette butts were in an open top bucket partially filled with sand outside the facility near the front door and were not deposited into ashtrays and metal containers with self-closing cover devices into which ashtrays can be emptied of noncombustible material and safe design where smoking was permitted. Based on interview at the time of the observations, the QIDP-D agreed cigarette butts were not deposited into ashtrays of noncombustible material and safe design at the front door where smoking was allowed.</p>	K S741	<p><b>K0741: Smoking Regulations</b></p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Area Supervisor will inservice all staff that smoking can only occur where a noncombustible receptacle is located for disposal of cigarette butts. <b>(Attachment B)</b></li> <li>Program Manager ordered a new noncombustible ashtray to be used at the facility. <b>(Attachment C)</b></li> <li>Area Supervisor will include the smoking policy and train all staff that they can only use the safety type ashtrays at the facility on the back area of the facility and not other non-safe containers monthly during staff meetings. <b>(Attachment B)</b></li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Area Supervisor will send the Program Manager all trainings or inservices completed on staff for proper disposal of their cigarette waste and monthly staff meetings.</li> <li>Site Reviews are completed monthly by Management staff to ensure safety at the facility. Management staff will note the use of proper disposal of cigarette</li> </ul>	10/17/2022			

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	This finding was reviewed with the QIDP-D during the exit conference.		waste is being used.  <b>Completion Date: 10/17/22</b>		